

The Commonwealth of Massachusetts
Division of Health Professions Licensure
Board of Registration in Dentistry
239 Causeway Street, 2nd Floor, Suite 200
Boston, MA 02114
(617) 973-0971
www.mass.gov/dph/boards

**Instructions for Permit L
Administration of
Local Anesthesia for Dental Hygienists**

This application should only be submitted after determining that the requirements in 234 CMR 3.09-3.14 Administration of Local Anesthesia have been met. To obtain a copy of 234 CMR Dental Rules and Regulations please call the State House Bookstore, Room 116, Boston, MA 02133 at (617)727-2834 for document, fees and mailing instructions.

Application for Permit L - Initial

Provide the following documentation with the application form:

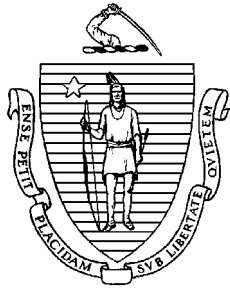
- ☐ Current Basic Life Support (BLS) and/or CPR certification.
- ☐ Successful completion of a training program or course of study in a formal program in the administration of local anesthesia in accordance with 234 CMR 3.09-3.14 and accredited by the American Dental Association; and
- ☐ Successful completion of a written examination in the administration of local anesthesia administered by the Northeast Regional Board of Dental Examiners (NERB) or any successor agency approved by the Board.

Application for Permit L - Credentials

Provide the following documentation with the application form:

- ☐ Current Basic Life Support (BLS) and/or CPR certification.
- ☐ Successful completion of a training program or course of study in a formal program in the administration of local anesthesia in accordance with 234 CMR 3.09-3.14 and accredited by the American Dental Association
- ☐ Successful completion of a written examination in the administration of local anesthesia administered by another jurisdiction
- ☐ Letter from the dentist who directly supervised the hygienist attesting to the hygienist's experience in administering local anesthesia within the previous two years

A fee of \$20 in the form of a check or money order made payable to the Commonwealth of Massachusetts must accompany this application for each permit requested. All fees are non-refundable.



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BOARD USE ONLY

License# _____
Type: _____
Cash# _____
Cash Date: _____
Exec.Dir _____

PERMIT-L APPLICATION

Application for Administration of Local Anesthesia
For Dental Hygienists

Last Name First MI Home Phone Business Phone

Street City State Zip Code

SOCIAL SECURITY NUMBER (MANDATORY) _____-_____-_____

Pursuant to MG.L. c. 62C, § 47A, the Division of Health Professions Licensure is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the child support and tax laws of the Commonwealth.

MA Dental Hygiene License # _____

Provide a certificate of standing from any and all jurisdictions indicating the status of licenses held:

State _____ License _____ Expiration _____

State _____ License _____ Expiration _____

Name of Anesthesia Training Program _____

Date Completed _____ Number of course hours _____

Qualifying Anesthesia Exam _____ Exam Date _____

Documentation of CPR ☐ BLS ☐ Expiration Date _____

Please provide a letter from the dentist who directly supervised the hygienist attesting to the hygienist's experience in administering local anesthesia within the previous two years.

List All Practice Locations and Dental Offices at which Local Anesthesia will be administered:

Please Print Address	Phone	Facility
_____	()_____	_____
_____	()_____	_____

I HEREBY CERTIFY, UNDER THE PAINS AND PENALTY OF PERJURY, THAT I AM PROPERLY TRAINED AND QUALIFIED TO ADMINISTER LOCAL ANESTHESIA IN ACCORDANCE WITH 234 CMR 3.09-3.14 AND FURTHER THAT THE INFORMATION PROVIDED HEREIN IS TRUTHFUL.

Date

Signature